

ART. XX.—*On Bandaging, and other Operations of Minor Surgery.* By F. W. SARGENT, M. D., etc. New edition, with an additional chapter on Military Surgery, by W. F. ATLEE, M. D., and one hundred and eighty-seven illustrations. 12mo. pp. 383. Philadelphia: Blanchard & Lea, 1862.

THIS excellent little manual has so long possessed the favour of the medical public, that it needs no commendation at the present time. Of the chapter added by Dr. Atlee, on gunshot wounds and some other points in army surgical practice, we can only say that it is an admirable compendium of the latest and most authoritative opinions in regard to these matters, and will be found valuable as an index of the views of the best modern writers. As a whole, this little work will be found of great use by members of the medical staffs of the army and navy, and especially by such as have lately entered the service.

There is one point upon which we are tempted here to make a remark; namely, the general misuse as we conceive of the phrase "conservative surgery." On p. 372, Dr. Atlee says: "In the recent campaign in Italy, Longmore states that in the lower extremity the practice of conservative surgery was almost entirely abandoned." We hold that surgery wages a war sometimes offensive, sometimes defensive; offensive when a tumour or deformity, for instance, interferes with a patient's comfort or convenience, or renders him unsightly—defensive when the life of the whole body is threatened by a disease or an injury. It is the surgery which, in this latter case, brings the patient off with the least possible loss, which saves the limb if it can be saved, but wisely sacrifices the less for the greater when prudence indicates such a course—to which we would like to see the term "conservative surgery" applied, and we hope that it is in this sense that the phrase will be hereafter used.

J. H. P.

ART. XXI.—*Observations upon Puerperal Insanity.* By RICHARD GUNDRY, M. D., Assistant Physician to the Southern Ohio Lunatic Asylum. 8vo. 30 pp. Utica, N. Y., 1860.

THESE observations, which appeared originally in the *American Journal of Insanity*, are chiefly valuable from the well arranged statistics embraced by them in illustration of some of the more important facts connected with the etiology and character of puerperal insanity, as it usually presents itself during gestation, subsequent to parturition, or at a later stage during lactation.

The observations of Dr. Grundy are based, it is true, upon only a limited number of cases of the disease in question. They furnish, nevertheless, a valuable contribution to the general fund of knowledge in respect to a malady, which from its frequency, the class of persons who are its subjects, and the particular circumstances under which it occurs, presents especial claims upon the attention of every practitioner. The comparison of the observations before us with those which have been furnished from other sources is adapted to lead to useful results, and to throw additional light upon some of the characteristic features of a form of disease which has heretofore been studied less closely and diligently than its importance demands.

The observations before us embrace the analysis of fifty-six cases of puerperal insanity.

The first point considered is the age at which the disease first appeared. The table furnished by Dr. G. shows that the number of attacks in the 56 cases was much larger in women between 20 and 35 years than at any other period. Thus 18 cases were in patients between 20 and 25 years of age; 11 cases in those between 25 and 30; 13 cases in those between 30 and 35 years, making a total of 42, or $\frac{3}{4}$ of the entire series of cases. Dr. G. remarks that such a result might have been expected, so far, at least, as relates to the number of puerperal

maniacs of the age of 20 years and from thence to 25 years, inasmuch as the proportion of females of this age in the United States greatly exceeds that of any other age over 20 years. Many of the cases, however, were not first attacks. The age at which the disease was actually developed was as follows: between 20 and 25 years in 9 cases; between 25 and 30 years in 15 cases; between 30 and 35 years in 16 cases; between 35 and 40 years in 11 cases; between 40 and 45 years in 3 cases; and between 45 and 50 years in 2 cases.

The number of attacks suffered by the 56 patients who furnish the observations before us were as follows: by 37, only one attack; by 10, two; by 4, three; by 4, four attacks. In one case the exact number of attacks could not be ascertained. It was only known that she had had several, the first of which occurred before her 25th year, and the last in her 32d year. From all the attacks she entirely recovered. We have then, 85 different attacks of insanity occurring in 55 patients, of which more than one-half (46) occurred in those between 25 and 30 years of age.

The influence of occupation in predisposing to an attack of puerperal insanity was not evinced in the series of cases before us. They do not show that the female whose life is passed in luxurious ease, notwithstanding the supposed tendency of such a life to augment nervous susceptibility, was any more predisposed to the disease than she whose lot was one of poverty—the influence of which is generally considered unfavourable to the development of the nervous temperament.

In respect to the civic condition of the patients, 54 were married, and *two* unmarried.

The question whether a hereditary predisposition to insanity generally produces a tendency to the occurrence of insanity during the puerperal state, is one upon which it was found very difficult to throw any satisfactory light. In the absence of precise information, Dr. G. has included in his estimate the instances in which collateral relatives were known to have exhibited evidence of insanity as leading to the suspicion of a taint in the common ancestors. Thus proceeding, he found 22 out of the series of 56 cases, or *two* in every *five* were suspected or known to have been predisposed to mental disturbance in consequence of hereditary taint.

How far any circumstances of an unusual and disturbing character occurring to the patient about the period of attack are to be viewed as predisposing or exciting causes of the attack of puerperal insanity, it is very difficult to determine. According to Dr. G. such occurrence would appear rather to concur with the existing puerperal condition “in precipitating an attack than in originating it. At any rate they materially increase the difficulties to be surmounted before health is attained by those with proclivities to mental disturbance.”

In the 56 cases analyzed by Dr. G. there were in 30 no unusual circumstances detected. Of the remaining 26 cases, *twelve* had been the subjects of more or less intense mental emotion brought on by the loss of a child previous to the last confinement, by grief, family difficulties, the drunkenness or other misconduct of the husband, etc.; *two* of the patients were miserably situated during confinement; *three* gave birth to illegitimate children; and *one* of a still-born child; *three* laboured under inflammation of the uterus; *one* under leucorrhœa; *one* under abscess of mamma; *one* under chorea; *one* under repelled papular eruption; and *one* under repelled ulcer.

In respect to the influence exercised by the character, danger, and complication of the labour in the production of puerperal insanity, we learn from the tables before us that of 53 of the patients (three being unknown) the attack in 10 cases was after a *first* labour; in 3 after a *first, second, and third*; in 1 after a *first and third*; in 3 after a *first, second, third, and fourth*; in 8 after a *second*; in 1 after a *second and third*; in 9 after a *third*; in 1 after a *third and fourth*; in 6 after a *fourth*; in 3 after a *fifth*; in 1 after a *fifth, sixth, seventh, and eighth*; in 7 after a *second* labour; in 1 after every labour; and in 4 after having borne several children. Thus, only 18 or 1 in 2.94 were primiparæ, while of these, 7 had a repetition of the attack at every succeeding confinement, showing that when insanity has once occurred as an incident of the puerperal condition, it has a strong tendency to recur whenever subsequently that condition

returns. In only one case did it slip over one confinement after its first occurrence, and reappear at the next confinement.

The nature of the labour, whether difficult and tedious, or attended with flooding or with eclampsia, would seem, so far as we can judge from the statistics before us, to exert but little, if any influence upon the production of puerperal insanity.

As far as could be ascertained, the period at which the attack of insanity occurred was during pregnancy, in seven cases, within fifteen days subsequent to delivery, in twenty cases, within one month and over fifteen days, in five cases; within the second month, in four cases; within the third month, in two cases; within the fourth month, in six cases; within the sixth month, in four cases; within the second six months, in two cases; immediately after weaning, or about one year after delivery, in two cases; in four other cases the attack took place during lactation, the exact period not ascertained.

The preceding attacks were non-puerperal in four cases; during pregnancy in four cases; immediately, or soon after delivery in fourteen cases; during lactation in two cases, while in six cases the exact period of the attack, which, in all, however, was after delivery, was unknown. So that of seventy-six known puerperal attacks, eleven began during pregnancy; forty-three during the two months following delivery; twenty-two during lactation, or immediately after weaning.

So far as an opportunity was presented for ascertaining the fact, the first symptoms of the attack of puerperal insanity were, in forty-eight cases out of the fifty-six, an excited mode of talking—this was observed in nine cases; delusions—these were observed in seven cases; attempts to wander away, observed in five cases; unfounded jealousy and suspicion, observed in four cases; hallucinations, observed in four cases; suicidal attempts, observed in four cases; fear of injury from some one, observed in three cases; fear of impending evil, observed in three cases; indifference to child, observed in three cases; attempt to destroy child, observed in three cases; ecstatic feeling, observed in one case; suicidal propensity with attempt upon the life of child, observed in one case. In eight cases the character of the first symptoms were not ascertained.

In respect to the form of insanity presented by the fifty-six cases analyzed by Dr. G., in thirty-seven cases it was that of *mania*. Of these cases, five occurred previously to delivery; twenty-two immediately after, and nine during lactation. In fourteen cases the attack assumed the form of *melancholia*. Of these, two occurred previously to delivery, five soon after, and seven during lactation. The *monomaniacal* form was observed in five cases, all of which occurred either soon after delivery or during lactation.

In twelve of the fifty-six cases, as we have seen, the patients were affected with a suicidal impulse. "Allied with this perverted instinct," Dr. G. remarks, "and appearing sometimes in the same individuals, is the propensity or impulse to kill. The victims selected are usually those naturally claiming the love and sympathy of the patient. One patient tried to kill, by scalding, various persons; three patients tried to kill husbands; four patients tried to kill their infants; one tried to kill children and husbands; so that nine, or one in six, developed homicidal propensities. Of these, three were combined with the suicidal impulse.

"The emotions are usually in a state of tension, if such a term be admissible, so that the slightest cause induces a marked response from them. It is difficult to set the data to prove this statement in a clear array, and I, therefore, content myself with a simple assertion of the fact. Grief and anger, &c., appear very readily from the slightest cause.

"From the emotions, whose morbid development underlies so much of insane phenomena, to the senses and intellectual faculties is a natural transition. How far they are involved may be measured to some extent by the hallucinations, illusions and delusions that severally affect them." "More than one-half of the fifty-six cases were more or less under the control of some form of illusion. They heard voices directing them to do this, or to refrain from that. They saw robbers, or deceased relatives, or acquaintances, or faces constantly peering at them from the ceiling or the window. Several entertained that most harassing delusion that they were eternally lost, having committed the unpardonable sin; one

that her husband had bewitched her; and another that she could cure all the sick by laying her hands upon them. In one case, ecstasy 'rapt her soul in Elysium,' but soon the scene changed to the blackness of despair, and a fear of the demons who were tormenting her, taking possession of her."

We cannot command the space to present to our readers an analysis of the history which Dr. G. has presented of the symptoms and progress of puerperal insanity, deduced from the cases observed by him.

The prognosis of the disease is usually stated to be favourable. Of the fifty-six cases analyzed by Dr. G., thirty-one or 55.35 per cent. recovered, four or 7.14 per cent. were improved; six or 10.71 per cent. died, and fifteen or 26.78 per cent. were not improved. The results arranged with reference to the period at which the attack originated, the form the disease assumed, and the duration of the attacks are as follows: Of seven cases occurring during pregnancy, three recovered, one improved, and three were not improved. Of twenty-nine occurring within two months after parturition, fifteen recovered, three improved, three died, and eight remained unimproved. Of the twenty occurring during lactation, thirteen recovered, three died, and four were not improved. Of the thirty-seven labouring under mania, nineteen recovered, three were improved, and four died, eleven, after periods varying from eight months to ten years, remaining unimproved. Of the melancholic and other depressing forms of mental disease, nineteen cases, *twelve* recovered, *one* improved, *two* died, and *four* had received no benefit, during periods of from four to ten years.

Taking the number of preceding attacks into account, we find that there were fifty-seven recoveries, four cases improved, six deaths, and fifteen cases not improved. Which would give a ratio of 69.51 per cent. of recoveries.

With respect to the influence exercised by the previous occurrence in the same individual of attacks of the disease, the data furnished by Dr. G., gives the following proportion of recoveries. In eighty-three known puerperal attacks, there recovered from a first attack thirty-five out of fifty-two, or 67.3 per cent.; from subsequent attacks, twenty-three out of thirty-one; or 74.2 per cent. Thus, it would seem that a first attack is more disastrous to life and reason than a third, fourth, or fifth attack. If we take the non-improved, or those who died, and make the same comparison, we shall arrive at the same result.

As to the influence of time upon the prognosis; we find that within six months, thirteen recovered, and one died; in one year, ten recovered, three died, and two did not improve; in eighteen months, four recovered, and one did not improve; in two years, four recovered, one died, and one did not improve; over two years, four improved, one died, and eleven did not improve.

Of the thirty-one cases of recovery the subsequent history of *eleven* was unknown to Dr. G.; six remained well at the end of two years; two after eighteen months; four after one year; three after six months; two after three months since their last attack. One case, less time having elapsed in it, is omitted. Two cases relapsed, one after a period during which her health was complete, and the other after three months' freedom from any mental disorder. In the first of these cases, the relapse was caused by the brutal treatment of husband, which had also some share, probably, in the production of the first attack. It may be that the relapse in the second case was the result of her family cares being too harassing for her enfeebled mind to resist.

The cause of death is noted in six cases. Two died of *apoplexy*. The attack was sudden in both, in the ordinary course of mania, and without any premonition. One, a case of monomania of fear, died of *fatty degeneration of kidneys*. Several months before death general anasarca was developed, the urine was exceedingly albuminous with abundance of renal casts, increasing gradually in size and clear, waxy appearance, as the disease progressed, and occasionally oil globules. One died of *mania*; one of *no especial disease*, but gradually declined in strength, flesh, and mental energy, and after ten years of mental disquietude and constant suspicion sank into the grave. One died of *pharyngeal abscess*. Her insanity had been of fourteen months' duration.

In respect to the treatment pursued by Dr. G.: in a majority of the cases, anodynes, especially morphia and camphorated tincture of opium, were employed for the relief, in cases of mania and melancholia, of the tired brain from the

fatigue of its own teasing vagaries, and to induce sleep at night. Tonics—some one of the preparations of iron especially, were generally required. The citrate, tartrate or muriated tincture of iron may be used. According to Dr. G. the carbonate combined with conium, with the occasional addition of morphine answers admirably as a general tonic.

To quell the sleepless ravings of some cases a cautious use of chloroform was in a few cases found useful. From the free administration of diffusible stimulants more permanent relief was, however, derived by this class of patients. Wine, spirits, ammonia, sulphuric ether may be employed according to the special exigencies of the case.

The use of cathartics, to relieve costiveness, and of emetics to relieve the stomach from sources of irritation, will be occasionally useful.

In two or three cases—of a low, nervous, melancholy, somewhat hysterical character—with loss of appetite, inability to fix the attention on any object, Dr. G. has found great benefit from the continued use of moderate doses of quinia, with an occasional anodyne.

“In a word, the treatment of puerperal insanity,” remarks the author of the interesting paper under review, “is, to brace up the enfeebled body and shattered nerves, to procure as absolute quiet and repose for the organ of the mind, as we gain for a broken bone by the use of splints. To devise the special means by which this end may be attained constitutes the difficulty in both cases. In both, also, there is a point in their history, when passive treatment having done its work, it needs to be replaced by action of the limb or brain, as the case may be. To recognize the exact time when this time is reached, and make judiciously the change of means, should ever be objects of the greatest care. When mental exercise can be safely substituted for mental quiet—now passing into lethargy—excitement of the emotions replace indifference, then they are not only proper, but almost imperative. But, to be too hasty in this matter, is only to renew the former trouble. On the other hand, too long delay allows the patient to sink into partial fatuity.”

We cannot be accused of having occupied too large a space in our notice of the paper of Dr. Grundy. It is not always the size of a work that is the test of its value. A long didactic treatise will often fail in the communication of the same amount of positive information which is imparted by the little pamphlet before us, presenting simply the faithful analysis of the leading points presented by the history of fifty-six cases of puerperal insanity.

D. F. C.

ART. XXII.—*A Lecture.* By D. HAYES AGNEW, M.D., Surgeon to the Philadelphia Hospital, Lecturer on Anatomy, etc. etc. Published for the Class. 8vo. pp. 59. Philadelphia, 1861.

Eulogy on the late John W. Francis, M.D., LL.D., being a Discourse on His Life and Character. By VALENTINE MOTT, M.D., LL.D., etc. etc. Delivered before the New York Academy of Medicine, May 29, 1861. 8vo. pp. 33. New York, 1861.

THE subject of Dr. Agnew's lecture is a sketch of the life and professional labours of Baron Larrey, who, if not the father, was unquestionably the reformer and systematizer of military surgery. Who, as a surgeon, far outstripped all his predecessors in the extent and diversity of his professional attainments; standing prominent among his contemporaries for the soundness of his judgment in all things appertaining to his duties, whether as a simple surgeon, a surgeon-major of hospitals, a surgeon-in-chief, and, finally, inspector general of hospitals. He was equally distinguished for his devotedness to the entire detail of duties which devolved upon him in each of these positions, as for his untiring industry and ever active zeal, under all surrounding circumstances, from the very commencement of the protracted wars which sprang out of the French revolution, throughout the several campaigns, to which these gave rise; whether on the